MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

10113

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 149 Cannon St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 149 Cannon St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lillian Bell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife: Wm Bell

6(c) If alive, give age: 51? years

7. Birth date of deceased (mo., day, yr.): Oct. 1 1904

8. AGE: Years	Months	Days	If less than one day
35	0	5	____hrs. ____min.

9. Birthplace: Fairlee Kent Co. Md.
(Town, county, and state)

10. Usual occupation: Housekeeping

11. Industry or business: Laborer

FATHER
12. Name: Levin Johnson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Dana White
15. Birthplace: Fairlee Kent Co. Md.

16. Informant: Alexander Comegys.
Address: 149 Cannon St Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 7, 1939 (month) (day) (year)

Cemetery or crematory: Kent Co. Home (Almshouse)

Location: Mr. Chestertown, Md.

18. Funeral director: Marion L. Williams

Address: Chestertown, Md.

19. Oct. 7, 1939 (Date rec'd by registrar) Alice K. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 1939, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct Sept 24 1939, to ____ 19____, and that I last saw h[illegible] alive on Sept 24 1939.

Immediate cause of death	DURATION
Exanition	
Due to Syphilis of Unknown duration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. B. Simmons M.D.
M. D. or other

Address: Chestertown, Md. Date signed: Dec 6-39

RECEIVED
NOV 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

19114

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92-a)

County Kent Registration Dist. No. 203

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Benjamin Coleman If U. S. Veteran, specify WAR

(a) Residence No. House St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Coleman

6. DATE OF BIRTH (month, day, and year) Oct 9 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Veterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Asbury Coleman

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Giant

16. BIRTHPLACE (city or town) (State or country) Eat Known

17. INFORMANT Wife (Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Oct 30, 1939

19. UNDERTAKER Wm. H. Goodhart (Address) Church Hill Md

20. FILED Oct. 30, 1939 Mrs. T. B. Dunning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Oct 28, 1939

I last saw him alive on Oct 27, 1939; death is said to have occurred on the date stated above, at 6:00 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	
duro. Endo - Myocarditis	
Other **Contributory Causes** of importance:	
arterio sclerosis	
Hypertension	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Albert A. Burgard M. D.

(Address) Rock Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1927
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10115

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH 82-P

County Kent Registration Dist. No. 202

Village or City Chestertown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hall If U. S. Veteran, specify WAR

(a) Residence: No. Mill Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (*write* the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Alexander Hall

6. DATE OF BIRTH (month, day, and year) October 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	79	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Queen Anne County (State or country)

FATHER

13. NAME James Knotts

14. BIRTHPLACE (city or town) Queen Anne County (State or country)

MOTHER

15. MAIDEN NAME Lydia Tucker

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Raelson Baxter—Daughter (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sudlersville Date Oct 24, 1939

19. UNDERTAKER Ralph H. Nielson Sons (Address) by J. Willis Wells Chestertown

20. FILED Oct 25, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 22 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1909 to Oct 22, 1939

I last saw h— alive on Oct 21, 1939; death is said to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	7 mos.

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. G. Thompson M. D.

(Address) Chestertown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

CEIVED NOV 2 1933 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10116

1. PLACE OF DEATH

County Kent (34) Registration Dist. No. 203

Village or City Rock Hall, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia E. Johnson If U. S. Veteran, specify WAR —

(a) Residence: No. Rock Hall Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: African
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: Henry Johnson

6. DATE OF BIRTH (month, day, and year): Aug 4, 1869

7. AGE: Years 70 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Teacher of Music
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home
10. Date deceased last worked at this occupation (month and year): 6 yrs
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Rock Hall Md

FATHER
13. NAME: James Henry Chambers
14. BIRTHPLACE (city or town) (State or country): Rock Hall, Md

MOTHER
15. MAIDEN NAME: Julia Ann Freeman
16. BIRTHPLACE (city or town) (State or country): Rock Hall, Md

17. INFORMANT (Address): Julia Brown - Daughter

18. BURIAL, CREMATION, OR REMOVAL
Place: Quaker Neck Date: Oct 6, 1939

19. UNDERTAKER (Address): Ralph H Wilton Inc Chestertown Md.

20. FILED: Oct. 5, 1939 Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 3, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1939, to Oct 3, 1939
I last saw her alive on Sept. 28, 1939; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic nervous disease	4 years
Luetic infection. Duration: four or five years. C.W.G.R.	

Other Contributory Causes of Importance:
Probable infection, general in character, and luetic in type.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. Wm. Richmond M. D.
(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 23 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Kent & Queen Ann Hosp.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 6 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Knight #1

3. (b) Social Security Number: (None)

4. Sex: Male

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1939

8. AGE: Years | Months | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Kent + Queen Ann Hosp. Chest. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Wm O'Brien Knight
13. Birthplace: Chestertown Md.

MOTHER
14. Maiden name: Clara Dwyer
15. Birthplace: Kennedyville Md.

16. Informant: Mr. Wm O.B. Knight

Address: Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 31/39 (month) (day) (year)

Cemetery or crematory: Still Pond

Location: Still Pond.

18. Funeral director: Marvin V. Williams

Address: Chestertown Md.

19. Oct. 31, 1939 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-30 1939, at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-25 1939, to 10-30 1939, and that I last saw it alive on 10-30 1939.

Immediate cause of death: Congenital deformities
1. absence of one foot & legs
2. Imperforate anus.
3. Cystic tumor over sacrum

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. Reed W. Farr M. D. or other

Address: Chestertown, Md. Date signed: 10-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120)

10118

CERTIFICATE OF DEATH

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Fairlee Chestalon R.R.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Fairlee Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Albert Pontable Lewis

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10. 5. 1885

8. AGE:

Years	Months	Days	If less than one day
53	11	25	hrs. min.

9. Birthplace Fairlee Kent Co. Md.
(Town, county, and state)

10. Usual occupation General Farming

11. Industry or business Fishing

FATHER
12. Name James Lewis
13. Birthplace Virginia

MOTHER
14. Maiden name Ella Scott
15. Birthplace Rock Hall

16. Informant William Lewis
Address Chestalon RR Md.

17. Burial Date thereof Oct. 7 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester

Location Chestalon Kent Co. Md.

18. Funeral director Marvin L. Williams
Address Chestalon Kent Co. Md.

19. Oct 7 1939 F. W. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5th 1939, at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4 1939, to Oct 5 1939, and that I last saw him alive on Oct. 5th 1939.

Immediate cause of death	DURATION
Acute Indigestion, Amemia,	12 hours
Hereby is Acute gastro-enteritis. Dysentery	12 hours
Due to Undigested and	est. 8 P.M.
Putrefied Meat + etc	
Acute alcoholism + two weeks	
Other conditions Shock. Albuminuria Acute	
dilatation of stomach. Sudden collapse.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith
M. D. or other

Address Chestalon Md. Date signed 10/5/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10119

1. PLACE OF DEATH (82-a)

County KENT Registration Dist. No. 200

Village or City MASSEY No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Virgina Meginnis If U. S. Veteran, specify WAR

(a) Residence: No. Massey Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 26 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. house work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massey Maryland

FATHER

13. NAME Turbutt C. Meginnis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah A. Boyer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mary H. Lucas Massey, Md.

18. BURIAL, CREMATION, OR REMOVAL Place ~~Chest~~ Massey Fem. Date Oct 26, 1939

19. UNDERTAKER (Address) Ralph H. Usilton Inc. Chestertown, Md.

20. FILED Oct. 24, 1939 Merritt Brice Deputy Local Registrar.

Massey Fem.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 23rd (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1939, to Oct. 23rd, 1939

I last saw her alive on Oct. 23rd, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
apoplexy	Oct 28 39

Other Contributory Causes of Importance:

Arteriosclerosis	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. C. Copeland M. D.

(Address) Millington Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-B)

10120

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County: Kent

City or town: near Melitota
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown R R. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ near Melitota
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: John Thomas Newsome

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Grace Meeks

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 15. 1875

8. AGE: Years: 64 Months: 5 Days: 9 If less than one day: hrs. min.

9. Birthplace: Stillpond Kent Co. Md
(Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: Tavern Keeper

FATHER
12. Name: Louis F. Newsome
13. Birthplace: Delaware

MOTHER
14. Maiden name: Sarah E. Crew
15. Birthplace: Betherton Md

16. Informant: Grace Newsome

Address: Chestertown RR Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 27/39 (month) (day) (year)

Cemetery or crematory: Stillpond

Location: Stillpond

18. Funeral director: Ralph H Hilton, Inc

Address: Chestertown Md

19. Oct 24/39 (Date rec'd by registrar) 19 F W Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1939 to Oct. 24 1939, and that I last saw him alive on Oct. 24 1939.

Immediate cause of death: Mediastinal Tumor Sarcoma — DURATION: Dec/38

Due to

Due to

Other conditions: Acute Myocarditis — July/39
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Xray diag + treatment

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Frank W Smith M. D. or other

Address: Chestertown Date signed: Oct 24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 202

10121

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Kent Co

(b) City or town R F D Chestertown Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Kent

(c) City or town Rural Chestertown
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Jane Nickerson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female | 5. Color or race W | 6 (a) ~~Single~~, married, widowed, or divorced. married

6 (b) Name of husband or wife Samuel V Nickerson

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept 1 1874

8. AGE: Years 65 | Months ~ | Days 18 | If less than one day ____hr. ____min.

9. Birthplace Kent Co
(Town, county, and state)

10. Usual occupation house work

11. Industry or business

FATHER 12. Name Noah Heard

FATHER 13. Birthplace Delaware

MOTHER 14. Maiden Name Jane Mellvins

MOTHER 15. Birthplace Kent Co

16 (a) Informant Samuel V Nickerson

(b) Address Rural Chestertown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1939 (month) (day) (year)

(c) Cemetery or crematory Union

Location near Norton Md

18 (a) Funeral director B R Fellows

(b) Address Still Pond Md

19 (a) Oct 20 1939 (Date rec'd by registrar) (b) Alice C Smith Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 19 1939 at 730 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 19 19____, to 10 19 1939, and that I last saw her alive on ____ 19____.

Immediate cause of death	Duration
Apoplexy	
Due to hemorrhage	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A P Copeland M. D. or other

Address Chestertown Date signed 10-20-39

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10122

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent & Upper Queen Ann Hospital

Stay in hospital or inst. (yrs., or mos., or days) Oct. 19 - 28

Stay in this community (yrs., or mos., or days) whole life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown RR. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt. Alpin Farm. Quaker Neck.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elizabeth Pardee

3. (b) Social Security Number None

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife William Pardee

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 12. 1897

8. AGE: Years 42 Months 7 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Near Tolchester. Kent Co. Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Alonza Foreman
13. Birthplace Worton Kent Co Md

MOTHER
14. Maiden name Martha Hurd
15. Birthplace Worton Kent Co. Md

16. Informant William Pardee

Address Chestertown RR. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 30, 1939 (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Chestertown, Md R.F.D.

18. Funeral director Ralph H Wilton Inc

Address Chestertown, Md.

19. Oct. 28 1939 (Date rec'd by registrar) Alice K. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1939, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 1939, to Oct. 28 1939, and that I last saw her alive on Oct 28 1939.

Immediate cause of death Diabetes Mellitus

DURATION ?

Due to

Due to Gangrene of Leg

Oct. - ?

Other conditions Cardiac. Myocarditis

Oct -

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other

Address Chestertown Date signed Oct 28/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10123

(48)

1. PLACE OF DEATH

County Kent Registration Dist. No. 223

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Birch Pcoone If U. S. Veteran, specify WAR

(a) Residence: No. Rock Hall St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Wh.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Pcoone

6. DATE OF BIRTH (month, dey, end year) Feby 1876

7. AGE	Years	Months	Days	If LESS then 1 dey, hrs. or min.
	63	8	4	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Dete deceased last worked at this occupetion (month end yeer) 1939

11. Total time (yeers) spent in this occupetion

12. BIRTHPLACE (city or town) Kent Co. (State or country) Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ? (Stete or country)

17. INFORMANT Son Harrison Pcoone (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Hall Date Nov. 2, 1939

19. UNDERTAKER Barton Bros. (Address) Centreville, Md.

20. FILED Oct 31, 1939 Mr. J. B. Dursding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 31 (Dey) 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to Oct 31, 1939

I last saw her alive on Oct 30, 1939; death is said to heve occurred on the date stated above, et 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:

	Date of onset
Carcinoma uteri	
Colitis, Cystitis	

Other Contributory Causes of Importance:

Name of operation — Date of —

Whet test confirmed diagnosis? — Wes there an autopsy? —

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was diseese or injury in any way related to occupation of deceesed? —

If so, specify —

(Signed) Albert G. Burgard, M. D.

(Address) Rock Hall, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10124

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Kent Registration Dist. No. 213

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina Pontag If U. S. Veteran, specify WAR

(a) Residence: No. Swan Creek St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fem.	Wh.	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Gothard Sontag

6. DATE OF BIRTH (month, day, and year) Dec 21 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Heldke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT daughter (Address) Mrs. Explorer Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Oct. 21, 1939

19. UNDERTAKER Thos. H. Gordy (Address) Church Hill

20. FILED Oct 19, 1939 Mrs. T. B. Dunning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 18 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939, to Oct 18, 1939

I last saw her alive on Oct 14, 1939; death is said to have occurred on the date stated above, at 4:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ca of Breast	
& gallbladder disease	
Metastasis of Cancer	
Other Contributory Causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Albert G. Burgard M. D.

(Address) Rock Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

10125

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Militoda, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): No

Stay in this community (yrs., or mos., or days): life time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Militoda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route 2.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Eliza Rasin

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter Rasin

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Apr. 18, 1870

8. AGE: Years: 69 Months: 5 Days: 22 If less than one day: hrs. min.

9. Birthplace: Kent County, Militoda, Md. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER

12. Name: Robert Towson

13. Birthplace: unknown

MOTHER

14. Maiden name: Edith Wilson

15. Birthplace: Kent County Md

16. Informant: Walter Rasin

Address: Worton, Md

17. Burial: Barried (Burial, cremation, or removal. Which?) Date thereof: Oct 13 1939 (month) (day) (year)

Cemetery or crematory: Worton Point

Location: Kent Co. Md.

18. Funeral director: Asbury Henry

Address: Chestertown / Md

19. Oct. 13 1939 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 11 1939, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936, to Oct. 11 1939, and that I last saw her alive on Oct. 8 1939.

Immediate cause of death: Arteriosclerosis and degenerative condition of nervous system

Due to: Not definitely known, probably infection

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 4 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other

Address: Chestertown Date signed: Oct. 11, 39

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 213-d

CERTIFICATE OF DEATH

10126

Reg. Dist. No. 203

1. PLACE OF DEATH:
County Chesapeake Bay Near Kent County Md.
City or town Near Rock Hall Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Balto. City
City or town Balto. City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 5914 Birchwood Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Dont Know

3. (a) FULL NAME Gerald H. Schuh

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife Emma Miller Schuh
6(c) If alive, give age 32 years
T. Birth date of deceased (mo., day, yr.) Dont Know

8. AGE: Years 33 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Fuel Oil
FATHER 12. Name Charles Schuh
13. Birthplace Baltimore, Md.
MOTHER 14. Maiden name Dorothy Zoran
15. Birthplace Maryland
16. Informant Emma Schuh
Address 5914 Birchwood Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-19-39 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location
18. Funeral director Leonard J. Rusk
Address 5305 Harford Rd
19. Oct. 16, 1939 (Date rec'd by registrar) Miss Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1939, at P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend him, to ___ 19___,
and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Shock and Exposure
Boat sank in Chesapeake Bay
Possible accidental Drowning
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

DURATION: Dont Know

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Chesapeake Bay
Means of injury Injured at work?
23. SIGNATURE Frank Hines M. D.
Deputy Medical Examiner Kent Co. Md. M. D. or other
Address Chestertown Md Date signed Oct 16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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